




# Telecommunications Service Request

**Submit to:** Telecommunications, MS 228, Fax to: x3405, Email to: [telecom@fnal.gov](mailto:telecom@fnal.gov)  
See [Instructions](#) for assistance completing this request.

<b>Date of Request:</b>	<b>Date Needed:</b>
<b>Division, Section, or Center:</b>	<b>Department:</b>
<b>Location of Work</b> (Bldg, Floor, Rm):	
<b>Existing Phone Numbers:</b>	
 Provide the small silver metal tag number (usually located on the bottom of the phone) for all phone equipment related to this request.	
<b>Contact:</b>	<b>Approval:</b>

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**DESCRIBE WORK DESIRED IN SPACE BELOW:**

If necessary, please provide a diagram of work requested. Include desired calling features or restrictions, new numbers or data circuits required, and phone equipment required. If requesting a new display phone, please attach a completed [purchase requisition](#). If requesting voicemail, please provide 1) Name & ID#; 2) mail station; 3) type of phone.

**Work Desired:**

## INSTALLER USE ONLY

EXT# _____ EXB01 _____	Location	S/N & Type
Hse/Pair		
Hse/Pair		
Hse/Pair		
EXT# _____ EXB01 _____	Location	S/N & Type
Hse/Pair		
Hse/Pair		
Hse/Pair		
EXT# _____ EXB01 _____	Location	S/N & Type
Hse/Pair		
Hse/Pair		
Hse/Pair		
EXT# _____ EXB01 _____	Location	S/N & Type
Hse/Pair		
Hse/Pair		
Hse/Pair		

**TELECOM USE ONLY BELOW THIS LINE**

**FOR FERMI / AT&T USE ONLY**

	<b>FERMILAB</b>	<b>AT&amp;T</b>	
Order Number			
Order Date			
Placed By/To			
Due			
Date Completed			
<b><u>UPDATES</u></b> NORM _____ Inventory _____ ISI _____/_____/_____			<b><u>VOICEMAIL</u></b> <input type="radio"/> Requested <input type="radio"/> Completed      (BY) <input type="radio"/> Visual <input type="radio"/> Audible      _____